EFFECTIVENESS OF CONTINUOUS SUPPORT ON LEVEL OF PAIN PERCEPTION DURING CHILD BIRTH AMONG PRIMIPARTURIENT MOTHERS

DISSERTATION SUBMITTED TO

THE TAMIL NADU DR.M.G.R.MEDICAL UNIVERSITY

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IN PARTIAL FULFILLMENT OF REQUIREMENT FOR THE AWARD OF DEGREE OF

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ASSESS THE EFFECTIVENESS OF CONTINUOUS SUPPORT ON LEVEL OF PAIN PERCEPTION DURING CHILD BIRTH AMONG PRIMIPARTURIENT MOTHERS IN PPK HOSPITAL, MARTHANDAM, KANYAKUMARI DISTRICT, 2010 – 2011

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Kavinshiney.M

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ABSTRACT

Every person's appreciation of pain is different and what one person can accept another may find extremely painful. Labour is almost an overwhelming experience because it involves sensations and emotions at such an intense level. The purpose of continuous support is to make labour safe, comfortable and effective. Research has shown that social support reduces a woman's need for pain killing drugs, medical interventions in labour. As continuous support found to improve the pain tolerance and emotional wellbeing, the investigator decided to take up a study to assess the effectiveness of continuous support on level of pain perception during childbirth among primi parturient mothers.

The objective of the study was to assess the level of pain perception among primi parturient mothers during childbirth before and after continuous support in experimental and control group. The investigator adopted Modified Weidenbach's Helping Art Theory (1964) as the conceptual framework for the study. Quasi experimental research design was used and the formal consent was obtained from PPK Hospital and the investigator selected 60 samples using Non-Probability Purposive Sampling technique and who are fulfilling the inclusive criteria were selected as a samples both in experimental and control group.

Descriptive and inferential statistics were used to analyze the data. Analysis of demographic variables was done in terms of frequency and percentage distribution. Comparison of pretest and post test level of pain perception was done by using central tendency such as mean, standard deviation and t-test techniques. Association of post test level of pain perception with demographic variables was done by using chi-square test. The findings concluded that in the pretest, in experimental group, majority 30(100%) had excruciating pain and in control group, majority 28(93.3%) had severe pain

In the experimental group, the pretest level of pain score was 8.98 with standard deviation 056 and the post test mean score was 5.57 with standard deviation 0.47. The calculated 't' value of 24.96 was statistically highly significant at $P<0.001$ level Thus the null hypothesis H_{01} stated that there is no significant difference between the pre test and

post test level of pain perception among primi parturient mothers in experimental group after continuous support was rejected.

In the experimental group, the post test level of mean pain score was 5.57 with standard deviation 0.47 and in the control group the post test mean score was 9.09 with standard deviation 0.38 The calculated 't' value of 31.88 was statistically highly significant at $P<0.001$ level indicating that there was significant difference in the post test level of pain perception between experimental and control group. Hence the null hypothesis H_{02} stated that there is no difference In the level of pain perception among the primi parturient mothers between experimental group and control group was rejected.

Hence the Nurse Midwife can provide continuous support for the mothers during labour which would be effective and gives better outcomes.

CHAPTER - I

INTRODUCTION

"Mother's health is nation's wealth,
there is a chance for the welfare of the world,
only when the condition of women improves"
– Swami Vivekananda.

Every person's appreciation of pain is different and what one person can accept another may find extremely painful. Labour is almost an overwhelming experience because it involves sensations and emotions at such an intense level. All women experience labour differently and pain associated with labour is influenced by variables such as parity, age, racial and cultural factors, coping mechanism (Hanna, Leena, 2003). Labour pain begins when the uterus begins to contract. Contractions increase in frequency and intensity throughout labour and become painful. The purpose of continuous support is to make labour safe, comfortable and effective. It is one of the essential intervention that is of proven benefit in improving the outcomes of labour.

Breathing techniques used as a force to expel the baby. Women can actually breath their baby's down the birth path by sending breath down through their body. Another advantage of breathing technique is that it allows the perineum to stay relaxed while the baby is descending, thus reducing the risk of tearing and allowing a smoother, shorter pushing phase. Childbirth is a stressful experience, with pain, fear, fatigue and negative mood reaching high levels as labour progress. Pregnant women commonly worry about the pain they will experience during labour and childbirth. Support plays a vital role to reduce pain perception fear, negative mood and anxiety.

The discomfort experienced during labour has specific origins. During the first stage of labour uterine contraction causes cervical dilatation, effacement. Pain impulses during the first stage of labour transmitted through the spinal nerve segment of T 11 – 12 and accessory lower thoracic and upper lumbar sympathetic nerves. These nerves originate in the uterine body and cervix. Support and care to the mother in labour, which would reduce the women's anxiety which inturn decrease adrenealine production. Continuous

support maybe provided during labour and delivery by professional health workers, non-medical female attendants, midwives and trained women(doulas) and also aunt, mother-in –law, sister, cousin, sister-in-law, grandmother and friend.

A woman's husband or the father of the child has traditionally served as the chief support person in labour. However, some husbands or fathers find it difficult to provide effective coaching or support in labour because of their own emotional involvement in the birth. A doula is a woman who is experienced in child birth but without professional credentials, who assist the woman in labour. Having a doula can increase a woman's self-esteem as well as decrease rates of oxytocin augmentation, epidural analgesia and caesarean birth. A supportive companion is a great source of strength to the woman in labour and provides the continuity which the staff cannot always promise. Some women may feel that a female companion is more appropriate for them.

Midwife means, "with woman" and she aims to be a supportive companion, working with the woman and her partner. The ability to develop such a support is an essential midwifery skill. Labour can be frightening and most women find it very reassuring to see a familiar face when they are giving birth. Having a supportive labour companion can make a major difference to both the experience and outcome of labour and birth. Research has shown that social support,

- Reduces a woman's need for pain- killing drugs.
- Reduces the likelihood of medical interventions in labour.
- Increase the time, a woman is likely to breastfeed her baby.
- Reduces the chances of her experiencing difficulties in mothering her baby.

BACKGROUND OF THE STUDY

Anxiety and fear are commonly associated with increased pain during labour. However, excessive anxiety and fear causes more catecholamine secretion which increase the stimuli to the brain from the uterus because of decreased blood flow and increased muscle tension, which in turn magnifies the pain. Thus fear and anxiety increases, muscle tension increases, the effective of the uterine contraction decreases, the experience of discomfort increases and a cycle of increased fear and anxiety bears.

The pain in child birth gives rise to symptoms that are identifiable. The activity of sympathetic nervous system may be increased in response to pain, resulting in change of blood pressure, pulse, respiration, skin colour, pallor, nausea, vomiting. Such physiological changes are often seen. Psychological changes include increased anxiety with lessened perceptual field, crying, gesturing, groaning and excessive muscular excitability throughout the body.

A women's pain during childbirth is unique to each mother and influenced by a variety of factors such as culture, anxiety, fear, previous birth experience, childbirth preparation and support given by the health team members. Continuous support can be used to decreased anxiety in the delivery room. Pre-labour sessions help to decrease anxiety in expectant mothers and help them to have control of the situation they face. Support by a companion of the mother's during labour and delivery had a positive effect on her satisfaction with the birth experience.(Jose.J.Cecalli,2001).

In UK / USA (1960's and 1970's) husband began to be encouraged to be with their wives during labour and birth. Fathers frequently prepared themselves for their roles by attending child birth education classes with their wives, at which day learned about techniques of supporting their wives during labour and presence of companion during labour.

The child survival and safe motherhood program was introduced as part of the overall strategy for reduction of infant mortality to below 60 per 1000 live births, child mortality to below 10 per 1000 child population, reduction of percentage of low birth weight babies to less than 10 percentage and maternal mortality to below 2 per 1000 live births. Same like the presence of companion during the time of labour will reduce the perinatal, maternal mortality rates and gives positive outcomes like normal duration of labour, normal vaginal delivery, reduction in the pain level, decreased anxiety and minimal blood loss. Support in the form of emotional support, informational support, tangible support and advocacy support in mandatory.(Park,2005).

SIGNIFICANCE AND NEED FOR THE STUDY

Childbirth is a natural biological process primi para mothers experience more intense pain during labour compared to the multigravida mother (Mc.Taenzer & Kinch,

1981). Individual's perception of pain, pain tolerance may depend on previous experience. Midwife should give proper support and care to the mother in labour, if not it may aggravate the anxiety level of the mother, which increases the adrenaline production which leads to increased pain perception.

A report says in week health, that the number of women dying from complications during pregnancy and childbirth came down by 34 percent between 1990 and 2008. World Health Organisation reports, the figure still falls short of World Health Organisation's millennium development goal of reducing maternal mortality ratio by 75 percent before 2015. Nearly 1000 women died in childbirth each day in 2008 of which 99 percent were in developing countries, with sub-Saharan Africa and South Asia accounting for 57 percent and 30 percent of all deaths respectively.

Women who come into labour believes that it will be horrible. Pregnant women commonly worrying about the pain they will experience during labour and childbirth and how they will react to and deal that pain. The amount of pain a women experiences during contractions differ according to her expectations and preparations of labour, the length of labour, the position of fetus and the availability of support people around her (Saddler,1988).

The pain involved in labour and birth can sometimes dominate a pregnant women or couples throughout labour, childbirth, particularly as the baby's due date approaches. Providing information during prenatal visits, about natural methods for pain relief as we as the pharmacological options available in her health care setting can help to allay this fear (Cogan and Janice, 2001).

During the clinical posting in the labour room, the investigator have seen that women admitted in the labour room, especially primigravida mothers were screaming even in the active phase of first stage of labour and often asked many questions about the labour process and they requested the doctor to do caesarean section because of pain tolerance. During labour most of the women were not able to cope up with the normal labour process, because of profound anxiety regarding labour process and lack of support person.

Sao Paulo (2007) conducted a study to investigate the effectiveness of companion support during labour. A randomized controlled trail was carried out throughout a year at university of Campinas. The sample size of the study was 212 primi para women and the result revealed that companion was confronted with tiredness, anxiety, concern, crying, the women feeling of inability to cope and use of analgesia or anesthesia.

Odalea .M, et. al., (2007) conducted a study to investigate the effectiveness of support to women by a companion. A randomized control clinical trail was carried out at University of Campinas. 105 women were allocated to the group in which support was permitted and 107 to had no support. The overall result concluded that women in the support group were more satisfied with labour at the significant level of ($p<0.0001$) than women with no support.

Nolan. .M (2006) conducted a descriptive study on assessing the effectiveness of supporting women in labour with doula's role. The study revealed that rate of oxytocin augmentation, epidural anesthesia and cesarean section was reduced due to doula support.

Pascal B.D., (2004) conducted a descriptive study on continuous female companionship during childbirth. This study facilitates birth enhances the mothers memory of the experience, strengthens mother-infant bonding, increases breast feeding success and significantly reduces many forms of medical intervention, including caesarean delivery, the use of analgesia, vacuum extraction and forceps.

Campero, et. al., (2004) conducted a qualitative study on support during labour and delivery. A randomized clinical trail was adopted. The study was conducted at university of California. The sample size was 212. The finding concluded that more positive childbirth experience seen among mothers had social support.

Mosallam .M, et al., (2004) conducted a randomized controlled trail to assess women's attitude towards psychosocial support in labour. The study was conducted among 400 mothers and the result shows that labour pain had significantly shorter duration ($p<0.00001$) with less need analgesia ($p<0.0001$) and reduce oxytocin augmentation ($p<0.0001$).

Longsdon .C, et al., (2002) conducted a repeated measures study to deter mind the effectiveness of social support intervention among pregnant adolescent girls between 32 and 36 weeks of gestation. The data were collected from 128 pregnant and postpartum adolescents and the depression score were lower in the postpartum period than in pregnancy at ($p<0.01$) level.

As continuous support found to improve the pain tolerance and emotional well being, the investigator decided to take up a study to assess the effectiveness of continuous support on level of pain perception during child birth among primi parturient mothers.

TITLE

Assess the effectiveness of continuous support on level of pain perception during child birth among primi parturient mothers.

STATEMENT OF PROBLEM

A study to assess the effectiveness of continuous support on level of pain perception during child birth among primi parturient mothers in PPK Hospital, Marthandam, Kanyakumari District, (2010).

OBJECTIVES

1. To assess the level of pain perception among primi parturient mothers during childbirth before continuous support in experimental group and control group.
2. To assess the level of pain perception among primi parturient mothers during childbirth after continuous support in experimental and control group.
3. To compare the level of pain perception between primi parturient mothers in experimental and control group.
4. To associate the level of pain perception with selected demographic variables among primi parturient mothers.

VARIABLES OF THE STUDY

Independent Variables

Continuous support during labour.

Dependent Variables

Level of Perception of pain.

NULL HYPOTHESIS

H01: There is no significant difference between pre test and post test level of pain perception among the primi parturient mothers in experimental group after continuous support.

H02: There is no significant difference in the level of pain perception among the primi parturient mothers between experimental group and control group.

OPERATIONAL DEFINITION

Effectiveness

It is the ability of the mother to cope up with pain perception during child birth due to continuous support as measured by modified numerical categorical pain assessment scale.

Continuous Support

The investigator is considered as the supporter in this study and the continuous support is provided from admission to the labour room up to delivery. The continuous support includes,

Holding hands
Talking to the women
Helps in proper positioning
Inform mother about labour process
Wipes the sweat
Rubs the thigh, back, legs
Present with the mother in the labour room
Encourage the mother to take deep breath

Perception of Pain

It is the level of pain felt by the primi parturient mother during childbirth as measured by modified numerical categorical pain scale.

Primi Parturient mothers

The mother who is in the labor process and who is undergoing the experience of labour for the first time.

ASSUMPTIONS

1. The coping level of pain varies from mothers to mothers.
2. Continuous support will reduce pain perception and provide comfort to mothers during labour.

DELIMITATIONS

1. This study is delimited to a period of four weeks of data collection.
2. This study setting is delimited to a selected hospital.

PROJECTED OUTCOME

The study will enable the mothers to cope up with labour pain perception.

SUMMARY

This chapter dealt with the background of the study, need for the study, title statement of the problem, objectives, variables of the study, hypothesis, delimitations, projected outcome and organization of the report.

ORGANIZATION OF THE REPORT

The following chapter contains,

Chapter II **:** Review of literature and conceptual frame work.

Chapter III **:** Methodology.

Chapter IV **:** Data analysis and Interpretation.

Chapter V **:** Discussion.

Chapter VI **:** Summary, recommendation, nursing implications and limitations of the study.

This is followed by references and appendices.

CHAPTER –II

REVIEW OF LITERATURE

Review of literature is a systematic search of published work and gaining information about a research topic,conducting a review. Researcher generates a picture of what is known about a particular situation and the knowledge gap that exists between the problem statement and the research subject problem and lay the foundation for the research plan.

A review of research literature relevant to the study was undertaken which helps the investigator to develop deep insight in to problem and gain information on what has been done in the past. This chapter has two sections. Part I deals with review of literature and Part II deals with conceptual frame work.

Part-I Review Of Literature
SectionA: Literature related to labour pain.
SectionB: Literature related to continuous support during childbirth.
Part-II: Conceptual Frame Work.

PART-I REVIEW OF LITERATURE

SectionA: Literature related to labour pain.

Lundgreu .I, et.al., (1995) conducted a qualitative study on women's experience of pain during childbirth using a phenomenological approach. The result of the study shows that the midwives can help birthing women to find their own ability to cope and should interfere only if the woman asks or if the natural process is disturbed.

Grean (2002) conducted a study regarding the worries about pain in labour and found that 67 percentage of women were a bit worried, 12 percentage were very much worried and 23% were not at all worried about the pain in labour.

Yarrow (2002) conducted a study to know how the mother's really feel about pain after they have delivered and found that reality of labour pain was bad as been described

to them. On other 29 percentage of women said that as it was, 3.1 percentage said that they made it seem more painful that it was, and 40 percentage said that they accurately described the level of pain.

Simkin, Penny, (2003) conducted a study on non-pharmacological relief of pain during labour. The result shows that these methods reduce pain, increase maternal satisfaction and improves obstetric outcomes and reduces labour pain.

Owei .A, et.al., (2005) conducted a descriptive study on labour pain experience data and intensity. The data was collected from 100 low risk participants who delivered vaginally. The findings were 81 women reported pain intensity levels of 7 or = 8 (ranging from 0 – 10). The mean pain intensity level during the second stage of labour was 8.83.

Section B: Literature related to continuous support during childbirth.

Scott K.D. et al., (1999) conducted a study to assess the effectiveness of continuous support provided by a trained lay woman during childbirth on obstetrical and postpartum out comes and the study concluded that the emotional and physical support provided by the trained lay women significantly shortens labour and decreases the need for cesarean deliveries, forceps and vacuum extractions, oxytocin augmentation and analgesia. Doula supported mothers also rate childbirth as less difficult and painful than do women not supported by a doula. Labour support by fathers does not appear to produce similar obstetrical benefits.

Berkowitz .G, Klaus .M, (1999) conducted a study to contrast the influence of intermittent and continuous support provided by doulas during labour and delivery and the result of the study was, continuous support when compared with no doula support, was significantly associated with shorter labours, decreased need for the use of any analgesia, oxytocin, forcep and cesarean section. Continuous support appears to have a greater beneficial impact on outcomes of labour than intermittent support.

Psychosom (2000) examined the relationship between partner support, use of pain control techniques and epidural analgesia in 80 primiparous women. it was found that the use of psychological "Pain control" techniques did not reduce the intensity of labour pain, however the use of these techniques did correlate with reduced frequent of anesthesia

when women were consistently supported and encouraged throughout labour, and when the labour was relatively short.

Osborn R.W., (2000) conducted a study to assess the effects of continuous one-to-one professional support on childbirth outcomes. The randomized control trial was used to select 500 primigravida mothers and the result was that, the subjects in the experimental group were less likely to have medication for pain relief and less likely to have episiotomies. Three variables were found to perceived control during childbirth – expectations of control, the presence of a continuous professional caregiver and pain medication usage.

Hodnett E.D (2002) conducted a study on effectiveness of caregiver support for women during childbirth, a randomized trials comparing continuous support during labour with usual care, 5000 women included in this study and the result was that the continuous presence of a support person reduced the likelihood of medication for pain relief, operative vaginal delivery, caesarean delivery, reduction in the length of labour. And the conclusion is that continuous support during labour from caregivers [nurses, midwives or lay people] appears to have a number of benefits for mothers and their babies and there do not appear to be any harmful effects.

Hodnett E.D. et al., (2002) conducted a study on effectiveness of caregiver support for women during childbirth. Fourteen trails involving more than 5000 women were included in the study. The study findings were, the continuous presence of a support person reduced the likely hood of medication for pain relief, caesarean delivery, operative vaginal delivery and a 5 minutes Apgar score less than 7 continuous support was also associated with a slight reduction in the length of labour continuous support during labour from caregivers appears to have a number of benefits for mothers and their babies and there do not appear to be any harmful effects.

Ennell J.H et al., (2002) conducted a study to assess the effect of social support during parturition on maternal and infant morbidity, 469 healthy primigravida mothers were included in the study and were supported by female companions Women undergoing labour alone were compared with women who had supportive female companions throughout labour and study findings are, women who had supportive females companions

throughout labour had significantly fewer perinatal complications. (P less than 0.001) including caesarean section (P less than 0.01) and significantly shorter duration of labour (7.7 Hrs 15.5 Hrs) (P less than 0.001) this study suggests that constant human support may be of great benefit to women during labour.

Chang M.V et.al., (2002) conducted a study to assess the effectiveness of message intervention regarding labour on labour outcomes. The experimental group received message intervention where as the control group did not in both groups there was a relatively steady increase in pain intensity and anxiety level as labour progressed. A t-test demonstrated that the experimental group had significantly lower pain reactions in the latent, active and transitional phases. Anxiety levels were only significantly different between the two groups in the latent phase findings suggest that message is a cost-effective nursing intervention that can decrease pain and anxiety during labour partner's participation in message can positively influence the quality of women's birth experiences.

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Gates .S, et al., (2003) conducted a study to assess the Continuous one-to-one intrapartum support compared with usual care, the randomized controlled trial was used and the result was, women who had continuous intrapartum support were less likely to have intrapartum analgesia, operative birth or to report dissatisfaction with their childbirth experiences.

Hotelling .B, et.al., (2004) conducted a study to assess the effects of continuous labour support. 200 women's were included in this study and the result of the study was Women with continuous support are less likely to have a cesarean an instrument delivers

and regional anesthesia. They are also less likely to report dissatisfaction with or negatively rate their childbirth experience.

Rosen .P, (2004) conducted a study to analyse the effects of different types of caregivers, supporting women in labour. The randomized trial was used as the selection criteria for analysis. These trials investigated untrained and trained lay women, female relatives, nurses, lay midwives, and student lay midwives as labour support persons and the study concluded that support by untrained lay women starting in early labour and continuing into postpartum period demonstrates the most consistent beneficial effect on childbirth out comes.

Vildirim G. Sahin (2004) conducted a study to assess the effects of non-pharmacological pain control methords on reducing labour pain perception. The study involved 40 cases. 20 in experimental group and 20 in the control group data were obtained through the visual analogue scale; study results demonstrated that nursing support and patient –directed education concerning labour and non-pharmacological pain control methods eg. Breathing and Cutaneous stimulation techniques] were effective in reducing the perception of pain by pregnant women, leading to a more satisfactory birth experience.

Hodnett, et al., (2007) conducted a study on effectiveness of continuous support for women during childbirth compared with usual care. The randomized controlled trials was used and 391 women met inclusion criteria were selected as samples and the result concluded that Women who had continuous intrapartum support were likely to have a slightly shorter labour, more likely to have a intrapartum analgesia or to report dissatisfaction with their childbirth experiences.

Romano A.M.,(2008) conducted a study on promoting , protecting and supporting normal birth, interfering with the normal physiological process of labour and birth in the absence of medical necessity increases the risk of complications for mother and baby. The result concluded that , Six evidence based care practices promote physiological birth avoiding medically unnecessary induction of lobour, allowing freedom of movement for the laboring woman, providing continuous labour support avoiding routine intervention and restriction and encouraging spontaneous pushing in non supine positions.

PART – II

CONCEPTUAL FRAMEWORK

The study is based on the concept that administration of continuous support to intranatal mothers in labour ward will enable effective management of labour pain.

The investigator adopted Weiden Bach's Helping Art of Clinical Nursing Theory (1964) as a base for developing the conceptual frame work.

Paradigms

Human Being

She emphasized human are individuals possesses unique potential and strives towards self direction and needy stimulation whatever the individual does, it represents his or her best judgment at the movement. Self awareness and self acceptance are essential to individuals. Sense of integrity and self worth these circumstances require respect from the nurse.

Health

She does not define health, she supports the World Health Organisation's definition of health.

Environment

Weiden Bach incorporates the environment within the realities in her framework which is a complex of extraneous factors and circumstances that are present in every nursing situation. Frame work includes objects such as policies, setting, atmosphere, humans and happenings.

Nursing

Nursing is a clinical discipline, is a practice discipline designed to procedure explicit desired results. The art of nursing is goal oriented activity requiring the application of knowledge and skills towards meeting a need for help experienced by a patient. Nursing is helping process that extends to restore the patient's ability to cope with demands implicit in the situation.

Step-I: Identifying the need for help.

The deterioration of need for help was made by the process of sample selection based on inclusive criteria which is followed by pre-assessment level of pain perception of mothers in both experimental and control group using a combined numerical categorical pain scale.

Step-II: Ministering the needed help.

In ministering the need help for reducing the pain includes,

Agent – Is the investigator

Recipient – Ist stage of mother in the active phase of labour.

Goal – Refers to effective management of pain

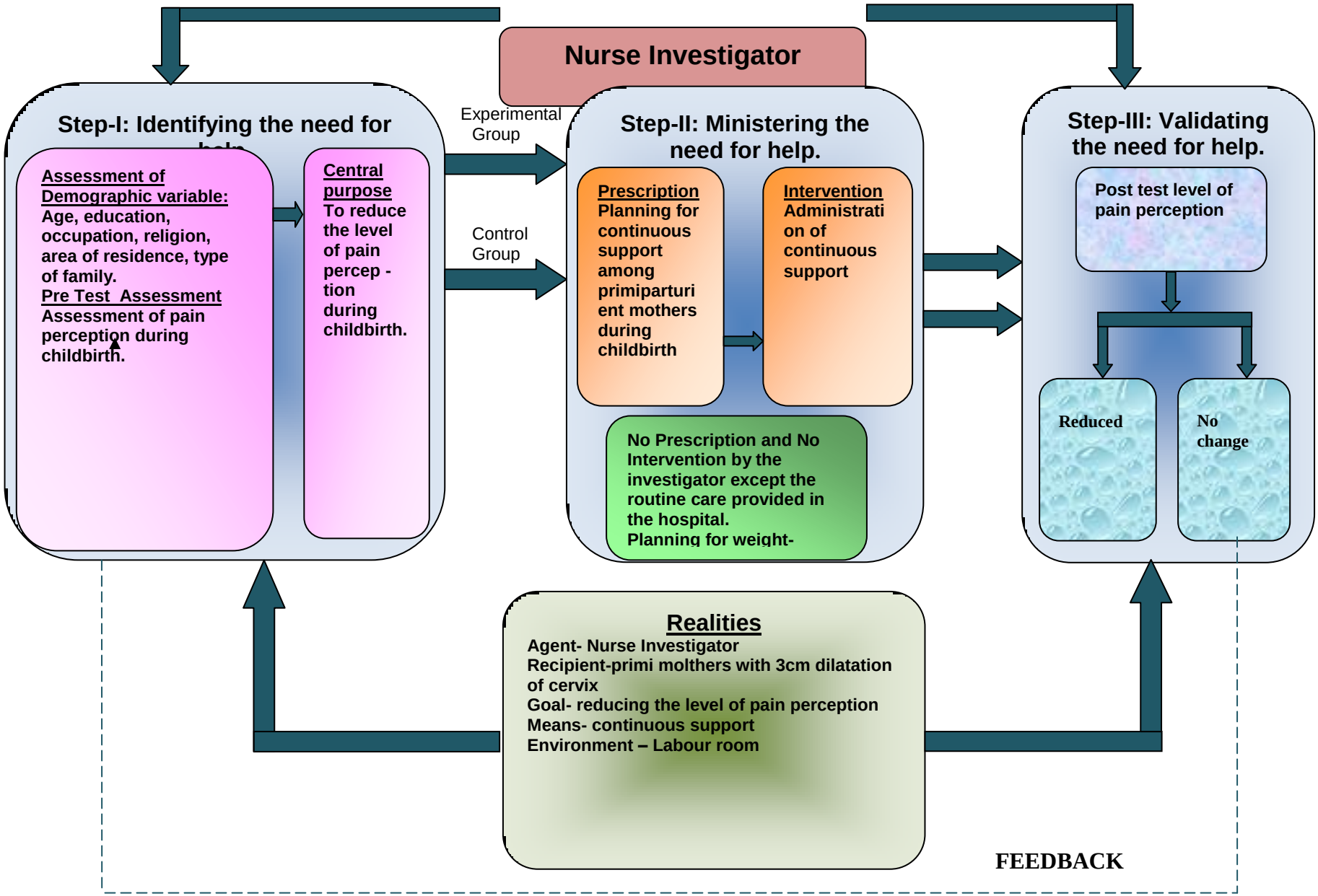
Means and Activities

Means and activity are the administrations of nursing interventions.

Step-III: Validating the need for help.

This is accomplished by means of post assessment level of pain and followed by analysis of the finding. It is categorized as no, mild, moderate, severe and excruciating pain.

The interventions give either positive or negative outcome. A positive outcome represents that satisfaction of reduction of pain. The negative outcome represents dissatisfaction in the reduction of pain. If, so repeating of interventions until the central purpose is achieved.



Modified Weidenbach's helping Art of Clinical Nursing Theory (1964)

CHAPTER – III

RESEARCH METHODOLOGY

This chapter explains the methodology adopted by the investigator to assess the level of pain perception during labour in selected hospital. It deals with the research approach, research design, research hypothesis, and variable under study, sampling technique, and method of developing the tool, description of research instrument and tool, validity of the tool, ethical consideration, pilot study, data collection procedure and data analysis procedure.

RESEARCH APPROACH

The research approach is experimental in nature.

RESEARCH DESIGN

Quasi experimental research design. It was represented as

Group	Pre-assessment of level of lobour pain	Intervention	Post assessment of level of labour pain perception
Experimental	O_1	X	O_2 O_3 O_4
Control	O_1	-	O_2 O_3 O_4

RESEARCH SETTING

The study was conducted at PPK Hospital , Marthandam, Kanyakumari Dist. It is 1500 bedded, multi specialty hospital with 50 beds for maternity. There were 3 – 4 deliveries per day, 130 deliveries per month.

POPULATION

Population refers to the entire set of individuals having some common characteristics and it is important to make distinction between target and accessible population.

Target Population

Target population comprises of all primi parturient mothers.

Accessible Population

Primi parturient mothers who are admitted in the PPK Hospital, Marthandam for safe confinement.

SAMPLE

Primi parturient mothers who are fulfilling the inclusive criteria.

SAMPLE SIZE

60 Primi parturient mothers who are fulfilling the inclusive criteria, 30 mothers in experimental group and 30 mothers in control group.

SAMPLING TECHNIQUE

Non-Probability Purposive sampling technique was used and the primi parturient mothers with 3 cm dilatation of cervix were selected as a samples.

CRITERIA FOR SAMPLE SELECTION

Inclusive Criteria

1. Primi mothers with gestational age 38 - 42 weeks
2. Primi mothers with foetus in normal presentation (Vertex)
3. Primi mothers with single foetus.
4. Primi mothers with 3 cm cervical dilatation.
5. Primi mothers who know Tamil or English

Exclusive Criteria

1. Primi mothers with high risk factors like hypertension, diabetes, premature rupture of membrane , preterm labour

2. Primi mothers who were under the medication for pain relief.
3. Primi mothers who were not willing to participate.

METHOD OF DEVELOPING THE TOOL

The tool was developed after an extensive review of literature, internet search and experts opinion. It helped the investigator to select most suitable pain assessment scale.

DESCRIPTION OF THE TOOL

The tool was developed on the following aspects.

PART -I

Section-A: Demographic Variables

Age of the mother, education, occupation, religion, area of residence, type of family.

Section-B

Obstetrical Profile

Date and time of admission, last menstrual period, expected date of delivery, obstetrical score, gestational age.

PART-II

Modified numerical categorical pain scale which is a modified pain scale selected for the assessment of labour pain. The scale was grouped in 5 categories.

Numerical		**Nature of Pain**
0	-	No Pain
1 - 2.5	-	Mild Pain
2.6 - 5	-	Moderate Pain
5.1 - 7.5	-	Severe Pain
7.6 - 10	-	Excruciating Pain

VALIDITY OF THE TOOL

Validity of the tool was obtained by submitting the tool to experts including research guide and experts in the field of obstetrician and gynecologist. Certain questions were added and modified after getting the content validity from the experts.

RELIABILITY OF THE TOOL

The reliability of the tool was assessed for level of pain perception. It was established by inter-rater reliability method. The Spearmans Rank Correlation Co-efficient was used to calculate the reliability. The reliability value was r=0.87 which shows that the tool was reliable.

ETHICAL CONSIDERATION

The study was conducted after the approval of dissertation committee and hospital authority. Formal permission was obtained from the medical director of **PPK** Hospital**.**

The mothers were clearly explained about the study purpose and formal consent was obtained assurance was given to the mothers that anonymity of each information would be maintained.

PILOT STUDY

The pilot study was conducted in the labour room of Grace Hospital, Pattabiram, Chennai.

Formal consent was obtained from the medical director and the nursing superintendent of Grace Hospital. The concerned duty doctor and the ward incharge nurse were also informed. The primi mothers who fulfilled the inclusion criteria were selected by Non-Probability Purposive sampling technique.

A brief introduction about self and study were given and data was collected from the primi parturient mothers in the labour room.

Consent was taken from the samples, confidentiality of the responses was assured. The data related to the demographic variables were collected by the structured interview method. The Spearman's Rank Correlation Coefficient used, the 'r' value is 0.87. Hence the tool was found to be reliable.

DATA COLLECTION PROCEDURE

A formal consent was obtained from PPK Hospital and the investigator selected 60 samples using Non Probability Purposive Sampling technique. At the selection of the study subject, who are fulfilling the inclusive criteria was selected as a samples in both experimental and control group. A self introduction was given and the consent was obtained. The confidentiality was assured. The investigator explained the tool to the mothers and it took about 10 minutes approximately.

Pre assessment (O_1) was done with modified numerical categorical pain scale to assess the pain, scoring and interpretation was done. Two assessments were done every one hour intervals, using the same scale. The final assessment (O_4) was done at 7cm dilatation of cervix.

Date	Experimental Group	Control Group
12.05.10	1	2
13.05.10	2	1
14.05.10	-	2
15.05.10	1	1
17.05.10	1	1
18.05.10	2	1
19.05.10	-	1
20.05.10	1	1

Date	Experimental Group	Control Group
21.05.10	1	1
22.05.10	1	1
24.05.10	1	-
25.05.10	2	1
26.05.10	1	2
27.05.10	1	2
28.05.10	-	-
29.05.10	1	1
31.05.10	1	1
01.06.10	1	1
02.06.10	2	1
03.06.10	1	1
04.06.10	1	1
05.06.10	1	1
07.06.10	-	1
08.06.10	1	1
09.06.10	1	2
10.06.10	2	-
11.06.10	1	1
12.06.10	2	1

DATA ANALYSIS PROCEDURE

Descriptive and inferential statistics were used to analyze the data. Analysis of demographic variables was done in terms of frequency and percentage distribution. Comparison of pretest and post test level of pain perception was done using central tendency such as mean, standard deviation and t-test techniques. Association of post test level of pain perception among primi parturient mothers with their demographic variables was done by using Chi-Square test.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretations of data collected from 60 women (30 Experimental and 30 Control) on perception of pain to evaluate the effectiveness of continuous support for mothers and the perception of pain during child birth in a selected hospital, Kanyakumari District.

ORGANISATION OF DATA

The findings of the study were grouped and analyzed under the following sections.

Section A : Description of demographic variables

Section B : Assessment of pretest and post test level of pain perception in the experimental and control group.

Section C: Comparison of pretest and post test level of pain in both the experimental and control group.

Section D: Comparison of post test level of pain between the experimental and control group.

Section E : Association of post test level of pain with the demographic variables in the experimental group.

SECTION A

Table 1: Frequency and percentage distribution of demographic variables in the Experimental and Control Group.

n = 60

Demographic Variables	Experimental Group		Control Group	
	No.	%	No.	%
Age				
18 - 22 yrs	20	66.67	20	66.67
23 - 26 yrs	6	20.00	8	26.67
27 - 30 yrs	4	13.33	2	6.67
Above 30 yrs	0	0.00	0	0.00
Education				0.00
Illiterate	0	0.00	0	0.00
Primary	0	0.00	0	0.00
Middle school	0	0.00	0	0.00
High school	5	16.67	6	20.00
Higher education	16	53.33	13	43.33
Graduate & above	9	30.00	11	36.67
Occupation				
Sedentary	4	13.33	6	20.00
Moderate	26	86.67	24	80.00
Heavy	0	0.00	0	0.00
Religion				
Hindu	9	30.00	7	23.33
Christian	16	53.33	18	60.00
Muslim	5	16.67	5	16.67
Others	0	0.00	0	0.00
Area of residence				
Urban	9	30.00	11	36.67
Rural	13	43.33	12	40.00
Suburban	8	26.67	7	23.33
Type of family				
Joint family	5	16.67	10	33.33
Nuclear family	25	83.33	20	66.67

The table 1 shows that in the experimental group, majority 20(66.67%) were aged between 18 – 22 years, 16(53.33%) had higher education, 26(86.67%) were doing moderate work, 16(53.33%) were Christians, 13(43.33%) were belonged to rural area and 25(83.33%) were from nuclear family. Whereas in the control group, majority 20(66.67%) were aged between 18 – 22 years, 13(43.33%) had higher education, 24(80%) were doing moderate work, 18(60%) were Christians, 12(40%) were belonged to suburban area and 20(66.67%) were from nuclear family.

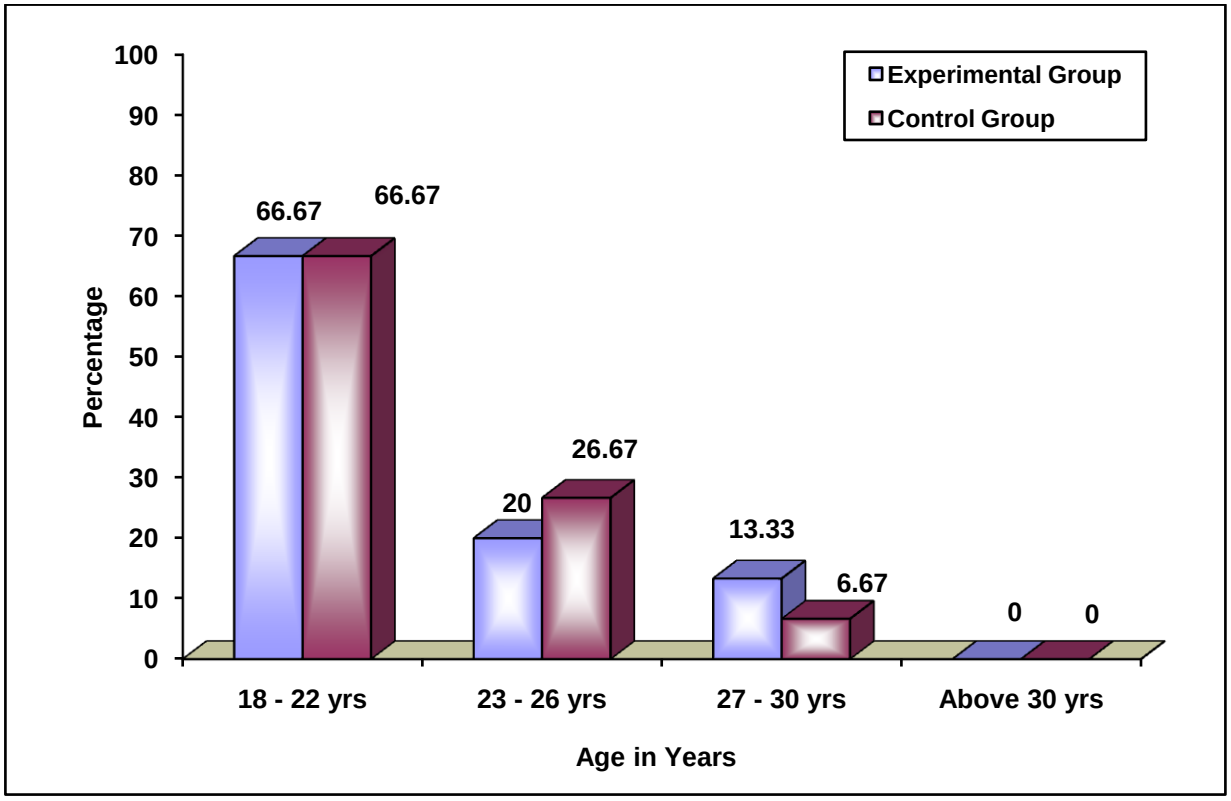


Fig.2. Percentage distribution of age of the women in the experimental and control group

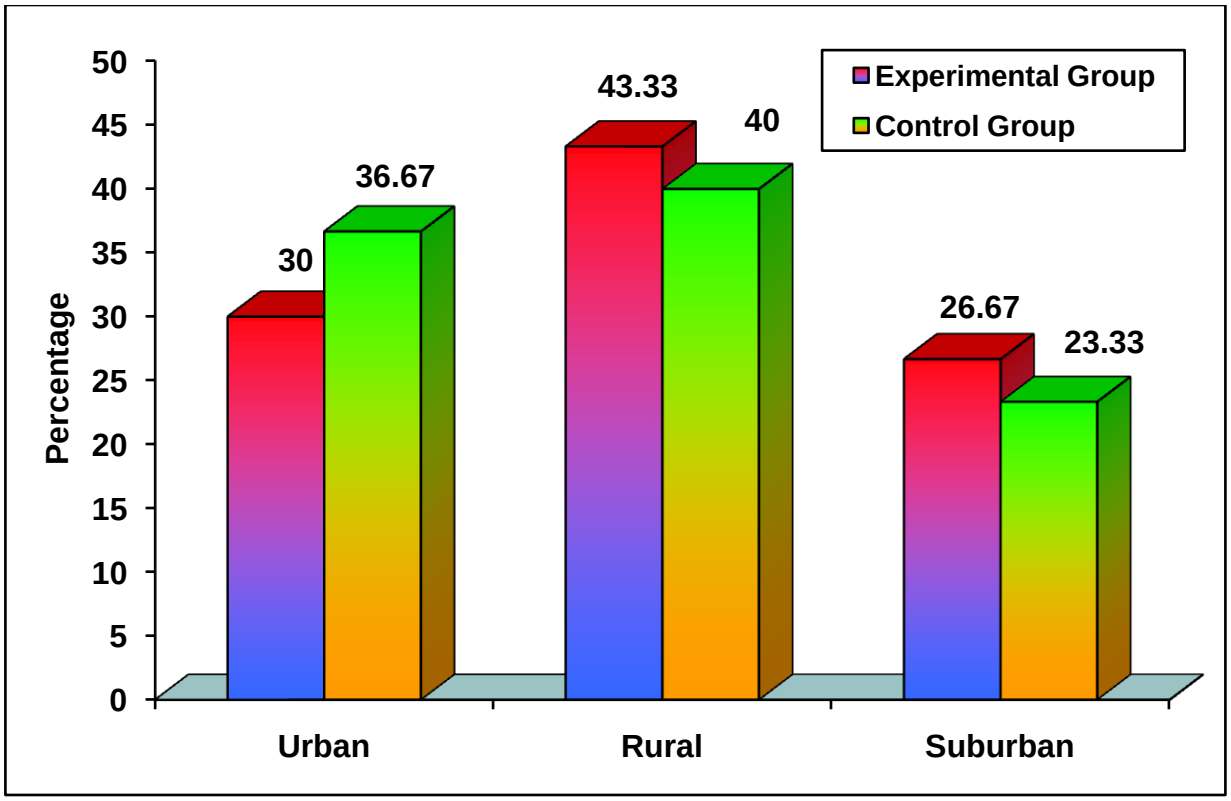


Fig.3. Percentage distribution of area of residence of the women in the experimental and control group

SECTION B

Table 2: Frequency and percentage distribution of pretest level of pain in the experimental group and control group.

n = 60

Pretest	No Pain		Mild Pain		Moderate Pain		Severe Pain		Excruciating Pain	
	No.	%	No.	%	No.	%	No.	%	No.	%
Experimental	0	0	0	0	0	0	0	0	30	100.0
Control	0	0	0	0	0	0	28	93.33	2	6.67

The table 2 shows that in the experimental group, majority 30(100%) had excruciating pain and in the control group, majority 28(93.33%) had severe pain.

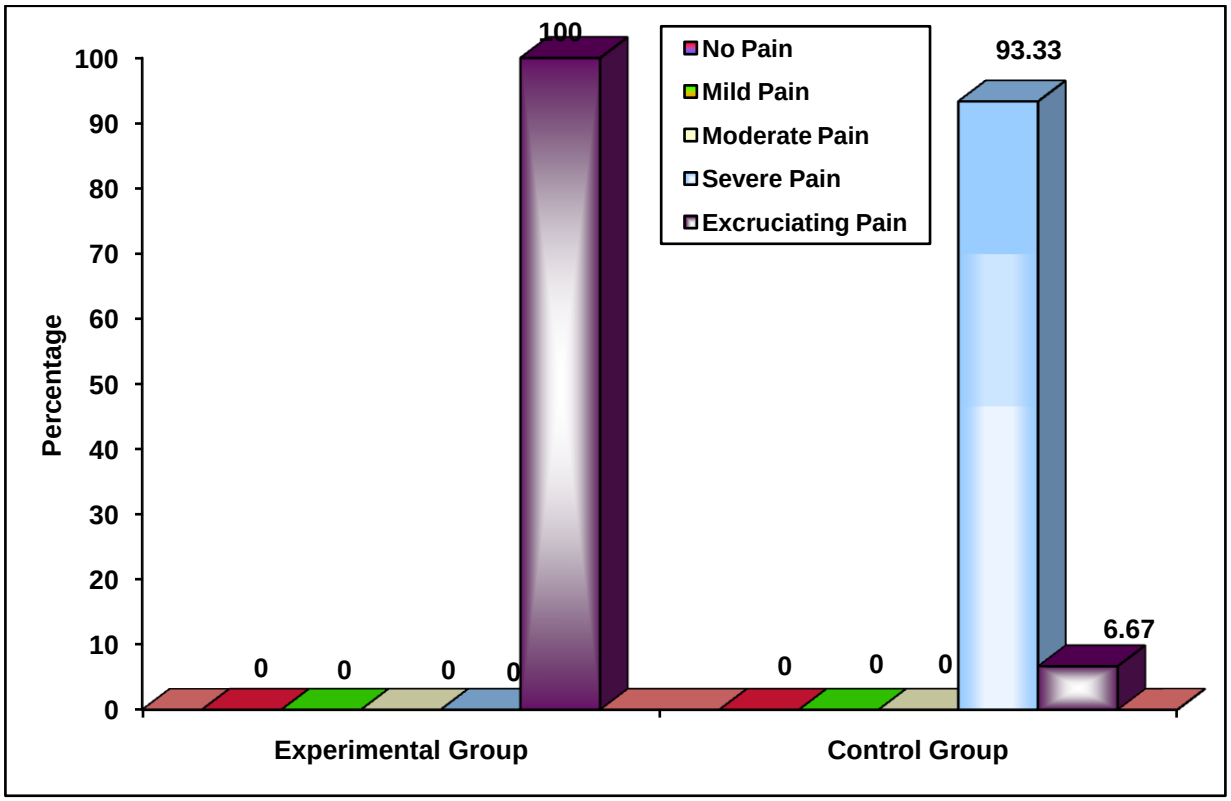


Fig.4. Percentage distribution of pretest level of pain among women in the experimental and control group

Table 3: Frequency and percentage distribution of post test level of pain in the experimental group.

n = 30

Experimental Group	No Pain		Mild Pain		Moderate Pain		Severe Pain		Excruciating Pain	
	No.	%	No.	%	No.	%	No.	%	No.	%
O_1	0	0	0	0	0	0	29	96.67	1	3.33
O_2	0	0	0	0	10	33.33	20	66.67	0	0
O_3	0	0	0	0	19	63.33	11	36.67	0	0
Overall	0	0	0	0	10	33.33	20	66.67	0	0

The table 3 shows that in the experimental group, observation 1 revealed that majority 29(96.67%) had severe pain, in the observation 2 majority 20(66.67%) had severe pain, in the observation 3 majority 19(63.33%) had moderate pain and the overall post test level of pain shows that majority 20(66.67%) had severe pain in the experimental group.

Table 4: Frequency and percentage distribution of post test level of pain in the Control Group.

n = 30

Control Group	No Pain		Mild Pain		Moderate Pain		Severe Pain		Excruciating Pain	
	No.	%	No.	%	No.	%	No.	%	No.	%
O_1	0	0	0	0	1	3.33	29	96.67	0	0
O_2	0	0	0	0	0	0	30	100.00	0	0
O_3	0	0	0	0	0	0	30	100.00	0	0
Overall	0	0	0	0	0	0	30	100.00	0	0

The table 4 shows that in the experimental group, observation 1 revealed that majority 29(96.67%) had severe pain, in the observation 2 majority 30(100%) had severe pain, in the observation 3 majority 30(100%) had severe pain and the overall post test level of pain shows that majority 30(100%) had severe pain in the control group.

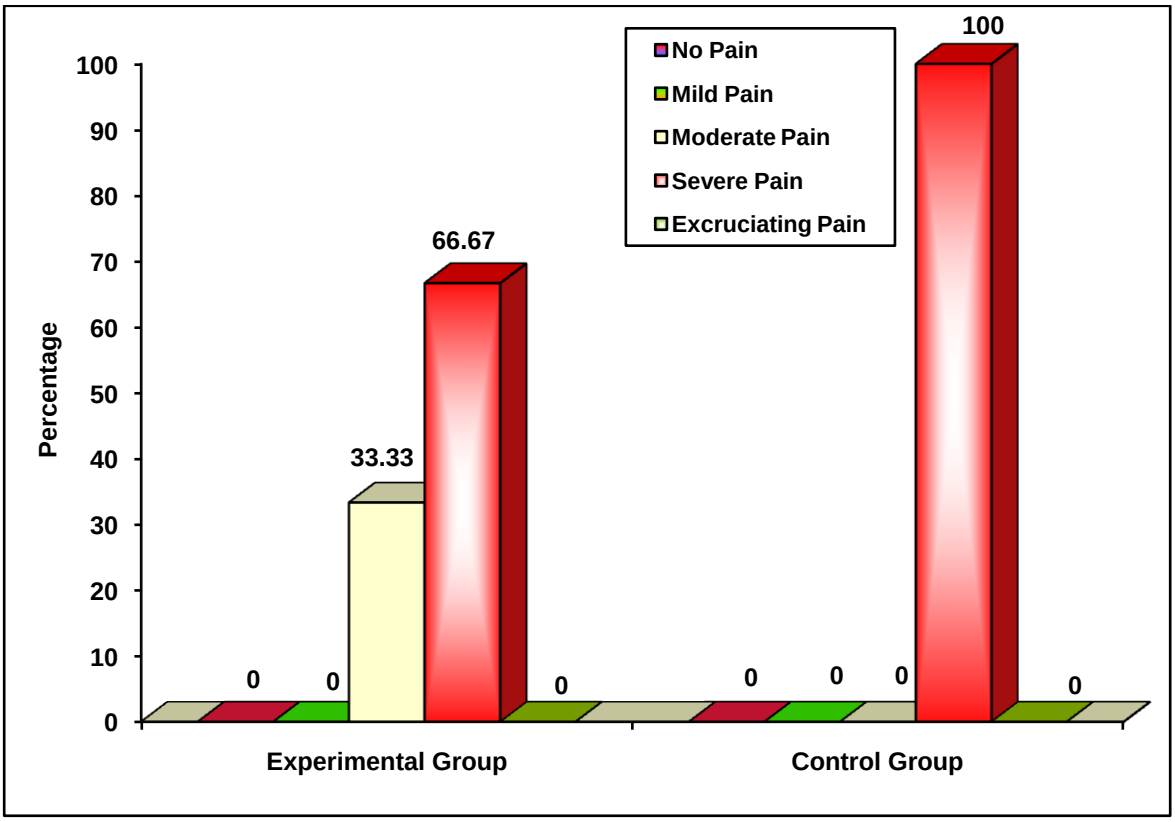


Fig.5. Percentage distribution of overall post test level of pain among women in the experimental and control group

SECTION C

Table 5: Comparison of pretest and post test level of pain in the Experimental Group.

n = 30

Experimental Group	Mean	S.D	't' Value
Pretest	8.98	0.56	24.96***
Post Test	5.57	0.47	(S)

***p<0.001, S – Significant

The table 5 depicts that in the experimental group, the pretest level of mean pain score was 8.98 with S.D 0.56 and the post test mean score was 5.57 with S.D 0.47. The calculated 't' value of 24.96 was statistically highly significant at p<0.001 level.

Table 6: Comparison of pretest and post test level of pain in the Control Group.

n = 30

Control Group	Mean	S.D	't' Value
Pretest	6.43	0.69	-18.37
Post Test	9.09	0.38	(N.S)

N.S – Significant

The table 6 depicts that in the experimental group, the pretest level of mean pain score was 6.43 with S.D 0.69 and the post test mean score was 9.09 with S.D 0.38. The calculated 't' value of -18.37 was not statistically significant indicating that there was no significant difference in the pretest and post test level of pain in the control group.

SECTION D

Table 7: Comparison of post test level of pain between the Experimental and Control Group.

n = 60

Post Test	Mean	S.D	't' Value
Experimental Group	5.57	0.47	31.88
Control Group	9.09	0.38	(S)

***p<0.001, S – Significant

The table 7 depicts that in the experimental group, the post test level of mean pain score was 5.57 with S.D 0.47 and in the control group the post test mean score was 9.09 with S.D 0.38. The calculated 't' value of 31.88 was statistically highly significant at p<0.001 level indicating that there was significant difference in the post test level of pain between the experimental and control group.

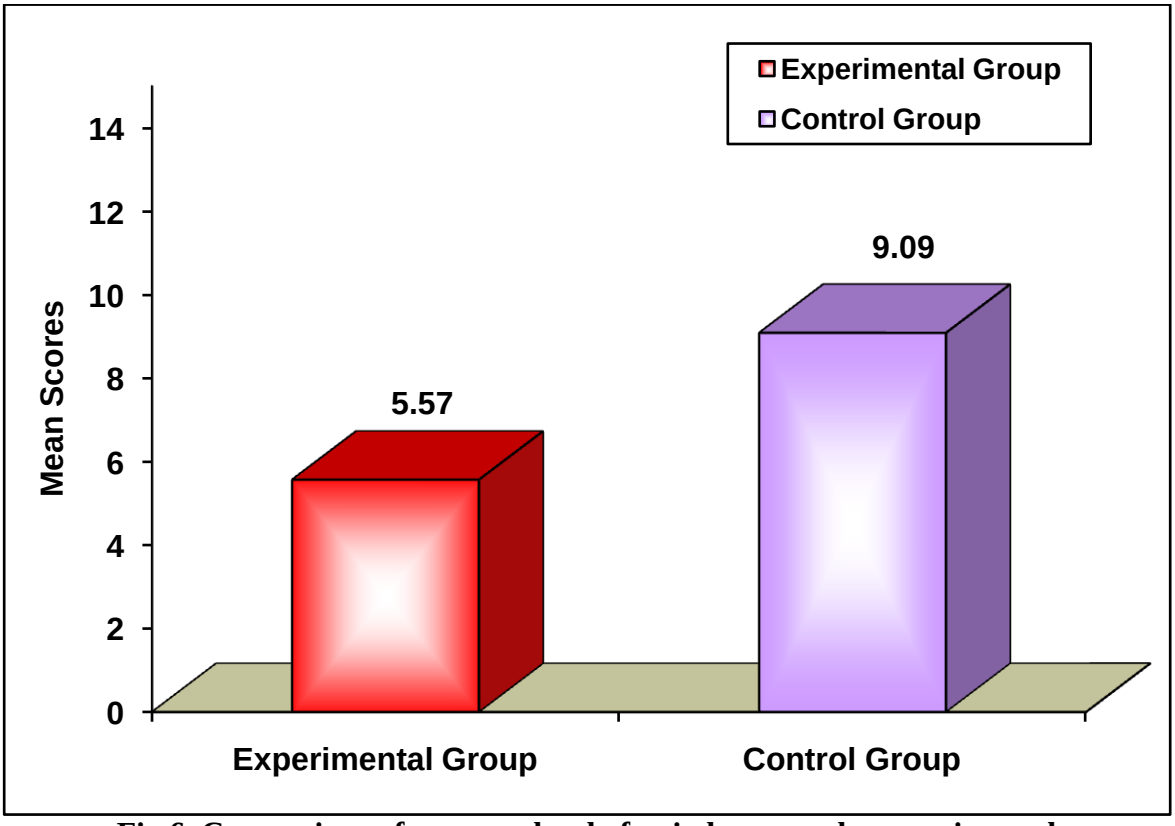


Fig.6. Comparison of post test level of pain between the experimental and control group

SECTION E

Table 8: Association of post test level of pain in the experimental group with demographic variables. n = 30

Demographic Variables	No Pain		Mild Pain		Moderate Pain		Severe Pain		Excruciating Pain		Chi-Square Value
	No.	%	No.	%	No.	%	No.	%	No.	%	
Age											
18 - 22 yrs	0	0.00	0	0.00	7	23.33	13	43.33	0	0.00	$\chi^2 = 0.15$
23 - 26 yrs	0	0.00	0	0.00	2	6.67	4	13.33	0	0.00	d.f =1
27 - 30 yrs	0	0.00	0	0.00	1	3.33	3	10.00	0	0.00	N.S
Above 30 yrs	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
Education											
Illiterate	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
Primary	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	$\chi^2 = 2.131$
Middle school	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	d.f =2
High school	0	0.00	0	0.00	3	10.00	2	6.67	0	0.00	N.S
Higher education	0	0.00	0	0.00	5	16.67	11	36.67	0	0.00	
Graduate & above	0	0.00	0	0.00	2	6.67	7	23.33	0	0.00	
Occupation											
Sedentary	0	0.00	0	0.00	0	0.00	4	13.33	0	0.00	$\chi^2 = 2.308$
Moderate	0	0.00	0	0.00	10	33.33	16	53.33	0	0.00	d.f =1
Heavy	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	N.S
Religion											
Hindu	0	0.00	0	0.00	4	13.33	5	16.67	0	0.00	$\chi^2 = 3.63$
Christian	0	0.00	0	0.00	3	10.00	13	43.33	0	0.00	d.f =1
Muslim	0	0.00	0	0.00	3	10.00	2	6.67	0	0.00	N.S
Others	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	
Area of residence											
Urban	0	0.00	0	0.00	0	0.00	9	30.00	0	0.00	$\chi^2 = 7.716$
Rural	0	0.00	0	0.00	5	16.67	8	26.67	0	0.00	d.f =2
Suburban	0	0.00	0	0.00	5	16.67	3	10.00	0	0.00	S*
Type of family											$\chi^2 = 0.48$
Joint family	0	0.00	0	0.00	1	3.33	4	13.33	0	0.00	d.f =1
Nuclear family	0	0.00	0	0.00	9	30.00	16	53.33	0	0.00	N.S

*$p<0.05$, S – Significant, N.S – Not Significant

The table 8 shows that the demographic variables area of residence had shown statistically significant association with the post test level of pain in the experimental group at $p<0.05$ level and the other demographic variables had not shown any statistically significant association with the level of pain in the experimental group.

CHAPTER – V

DISCUSSION

This chapter discusses the findings of the study derived from descriptive and inferential statistical analysis.

The statement of the problem was "A study to assess the effectiveness of continuous support on level of pain perception during childbirth among primiparturient mothers in PPK hospital, Marthandam Kanyakumari District".

The objectives were

1. To assess the level of pain perception among primi parturient mothers during childbirth before continuous support in experimental group and control group.
2. To assess the level of pain perception among primi parturient mothers during childbirth after continuous support in experimental group and control group.
3. To compare the level of pain perception between primi parturient mother in experimental and control group.
4. To assess the level of pain perception with selected demographic variables among primi parturient mother.

The demographic variables selected in the study were age, education, occupation, religion, area of residence and type of family.

The frequency and percentage distribution of demographic variables in the experimental group that majority 20(66.67%) were aged between 18 – 22 years, 16(53.33%) had higher education, 26(86.67%) were doing moderate work, 16(53.33%) were Christians, 13(43.33%) were belonged to rural area and 25(83.33%) were from nuclear family. Whereas in the control group, majority 20(66.67%) were aged between 18 – 22 years, 13(43.33%) had higher education, 24(80%) were doing moderate work, 18(60%) were Christians, 12(40%) were belonged to suburban area and 20(66.67%) were from nuclear family.

The first objective was to assess the level of pain perception among primi parturient mothers during childbirth before continuous support in experimental group and control group.

In the experimental group, majority 30(100%) had excruciating pain and in the control group, majority 28(93.33%) had severe pain.

The study findings were consistent with the study conducted by Nolan .M,(1999), on assessing the effectiveness of labour support. The pretest level of pain perception in the experimental group 80 percentage had excruciating pain and 20 percentage had severe pain and in the control group 84 percentage had excruciating pain and 16 percentage had severe pain.

The second objective was to assess the level of pain perception among primi parturient mothers during childbirth after continuous support in experimental group and control group.

In the experimental group, observation 1 revealed that majority 29(96.67%) had severe pain, in the observation 2 majority 20(66.67%) had severe pain, in the observation 3 majority 19(63.33%) had moderate pain and the overall post test level of pain shows that majority 20(66.67%) had severe pain in the experimental group.

In the control group, observation 1 revealed that majority 29(96.67%) had severe pain, in the observation 2 majority 30(100%) had severe pain, in the observation 3 majority 30(100%) had severe pain and the overall post test level of pain shows that majority 30(100%) had severe pain in the control group.

The study findings were consistent with the study conducted by Mosallam .M, et al,(2004) on assessing the effectiveness of continuous labour support compared with usual care. The post test level of pain perception in the experimental group revealed that 62 percentage had severe pain and 38 percentage had moderate pain, and in the control group 91 percentage had excruciating pain and 9 percentage had severe pain.

The third objective was to compare the level of pain perception between primi parturient mother in experimental and control group.

In the experimental group, the pretest level of mean pain score was 8.98 with S.D 0.56 and the post test mean score was 5.57 with S.D 0.47. The calculated 't' value of 24.96 was statistically highly significant at $p<0.001$ level.

Hence the null hypothesis H01 stated that there is no significant difference between the pre test and post test level of pain perception among the primi parturient mothers in experimental group after continuous support was rejected.

In the control group, the pretest level of mean pain score was 6.43 with S.D 0.69 and the post test mean score was 9.09 with S.D 0.38. The calculated 't' value of -18.37 was not statistically significant indicating that there was no significant difference in the pretest and post test level of pain in the control group.

In the experimental group, the post test level of mean pain score was 5.57 with S.D 0.47 and in the control group the post test mean score was 9.09 with S.D 0.38. The calculated 't' value of 31.88 was statistically highly significant at $p<0.001$ level indicating that there was significant difference in the post test level of pain between the experimental and control group.

Hence the null hypothesis H02 stated that there is no significant difference in the level of pain perception among the primi parturient mothers between experimental group and control group was rejected.

The study findings were consistent with the study conducted by Mosallam .M, et al., (2004), on assessing the effectiveness of continuous support compared with usual care, and the study was concluded that women who had labour support shows shorter duration of labour ($p<0.00001$), less need for analgesia ($p<0.0001$), and reduce oxitocin augmentation ($p<0.0001$) compared with women who received usual care.

The fourth objective was to associate the level of pain perception among women with their demographic variables.

The association table reveals that the demographic variables area of residence had shown statistically significant association with the post test level of pain in the experimental group at $p<0.05$ level and the other demographic variables had not shown any statistically significant association with the level of pain in the experimental group.

The conceptual framework of this study was based on modified Weiden Bach's helping art theory of clinical nursing model (1964). This model describes a desired situation and the way to attain it. It has three components which include indentifying the need for help, ministering the need for help, validating the need for help. First component of this model involves the need for help, which was made by assessing the level of pain perception among primi parturient mothers. Second component involves ministering the needed help, which was met by administering the nursing interventions such as Holding hands, Talking to the women, Helps in proper positioning, Inform mother about labour process, wipes the sweat ,Rubs the thigh, back, legs, Present with the mother in the labour room, Encourage the mother to take deep breath Third component involves validating the needed help, which was met by evaluation of post assessment level of pain perception.

The findings concluded that the women in the experimental group had reduction in the level of pain perception when compared with control group. Hence continuous support during childbirth can be incorporated as an effective pain reducing measure among primi parturient mothers.

CHAPTER – VI

SUMMARY, RECOMMENDATIONS NURSING IMPLICATIONS AND LIMITATION

This chapter presents the summary of the study and conclusion drawn. It clarifies the limitation of the study, the implications and the recommendation in different areas like nursing practice, nursing education, nursing administration and nursing research.

SUMMARY OF THE STUDY

Motherhood is an important event in mother's life. Pregnancy and childbirth are periods of physiological stress and nature has made humble provision to deal with this stress successfully. Childbirth is physical and emotional experience for the mothers and the family.

Many of the pharmacological measures says that relaxation of muscles which increases blood supply to the muscles, promotes releasing of endogenous opiates and less stimulation of free nerve ending, which are closing the gate of pain perception.

There are various measures that exist and are not used in an efficient way in nursing practice. Since continuous support is also one of the measures, which can be easily brought in to nursing practice, the investigator was interested to evaluate the effectiveness of continuous support on level of pain perception during childbirth among primi parturient mothers.

The following objectives were set for the study,

1. To assess the level of pain perception among primi parturient mothers during childbirth before continuous support in experimental group and control group.
2. To assess the level of pain perception among primi parturient mothers during childbirth after continuous support in experimental and control group.
3. To compare the level of pain perception between primi parturient mothers in experimental and control group.

4. To associate the level of pain perception with selected demographic variables among primi parturient mothers in experimental group.

The assumptions of the study were,

- The coping level of pain varies from mother to mother.
- Continuous support will reduce pain perception and provide comfort to mothers during labour.

The following hypothesis were set for the study,

H_{01}: There is no significant difference between pre test and post test level of pain perception among the primi parturient mothers in experimental group after continuous support.

H_{02}: There is no significant difference in the level of pain perception among the primi parturient mothers between experimental group and control group.

Review of literature revealed, studies related to pain perception and continuous support.

The conceptual frame work was based on Weiden Bach's helping art theory of clinical nursing model (1964).This model describes a desired situation and the way to attain it. It has three components which include identifying the need for help, ministering the need for help, validating the need for help. First component of this model involves the need for help was made by assessing the level of pain perception among primi parturient mothers. Second component involves ministering the needed help was met by administering the nursing interventions. Third component involves validating the needed help was met by valuation of post assessment level of pain perception. Hence the researcher adopted this model.

Data was collected from the samples based on observation and standardized numerical categorical pain scale. The content validity of the tool was established by giving the tool to five experts specialized in the field of maternity. Reliability of the tool was established by Inter-rater reliability method.

Pilot study was conducted on 6 samples in the labour room of Grace Hospital. The samples of the study were 60 normal primi parturient mothers, who met the inclusive criteria. The research approach used for this study is experimental in nature and Quasi experimental research design was used. Samples were selected by using non-probability purposive sampling technique.

CONCLUSION

The overall study reveals that the women in the experimental group had reduction in the level of pain perception when compared with control group. Hence continuous support during childbirth can be incorporated as an effective pain reducing measure among primi parturient mothers. Comparison of pre and post assessment level of pain perception in experimental group, 't' value is 24.96 at *** $p<0.001$ it is significant, and in control group 't' value is 18.37 it is non-significant. It reveals that primi parturient mother's level of pain perception wad reduced after continuous support. Therefore continuous support can be used as a safe and effective tool to reduce the pain perception during labour contraction.

NURSING IMPLICATIONS

The findings of the study have several implications in nursing practice, nursing administration, nursing education and nursing research.

Nursing Practice

1. This study finding will create the awareness to nurses about the presence of the supportive person during labour. This will help them to prevent maternal mortality and perinatal mortality among women during the time of labour.
2. It helps the nurses to understand the needs of the mother during labour and provide need based care.
3. The continuous support for the mother during labour would be effective and gives better outcomes.
4. Care of the mother in labour thus making a memorable experience.

Nursing Education

1. The present study would help the nursing students to understand mother's needs during the labour and provide need based care.
2. This study would help the student nurses to understand the support activities need to be carried out for mothers in labour.
3. Also labour support could be included in the maternity nursing curriculum as a separate topic which help the student nurses to understand the needs of mother in labour and implement the labour support action.

Nursing Administration

1. The finding of the study is that the continuous support during childbirth is beneficial. Here it would help the nursing administrator to understand the significance of continuous support to mother in labour.
2. Thus labour room staffing could be improved to provide comprehensive care to mother in labour.
3. The administrators need to reinforce the norms and rules of the labour room.
4. The nurse administrators have to conduct CNE about continuous support during labour.
5. The nurse administrators can allow the close relatives to stay with the mothers during the time of labour.

Nursing Research

1. The present study would be help the future researchers to carry out further studies in determining the labour support needs of women in labour and compare them with present study findings.
2. The study findings would also help the nurse researchers in studying the barriers in providing need based care to women in labour and the ways to solve the problem.
3. Through this study the researcher may practice evidence based research practice.

RECOMMENDATIONS

1. A similar study can be conducted on a larger sample to generalize the study findings.
2. A longitudinal study can be conducted to assess the effectiveness of continuous support on outcome of labour since pregnancy to labour.
3. A comparative study can be done on effectiveness of continuous support and intermittent support during child birth.
4. A study can be done to find out knowledge, attitude and practice of the nurse towards continuous support during the time of labour.
5. A similar study can be conducted to assess the effectiveness of continuous support on high risk mothers undergoing normal delivery.

LIMITATION

The investigator had difficulty in obtaining samples.

REFERENCES

BOOKS

Adele Pilliteri (2007). *Maternal and child health nursing.* (5th ed). Philadelphia: Lippincott William and Wilkins publications.

Dutta D.C (2009). *Textbook of Obstetrics.* (6th ed). New Delhi: New Central Book Agency.

Denise .F. Polit, Tataro (2004). *Nursing Research Principles and Methods.* (7th ed). New Delhi:Lippincot William and Wilkins Publications.

Helen Varney, Carolyn .L. Gegor (2004). *Textbook of Midwifery.* (4th ed). All India Publishers and Distributors. Regional Medical Books Publishers.

Lowdermilk, Perry, Bobah (1997). *Maternity and women's health care.* (6th ed). New York:Mosby publication.

Mudaliar and Menon's (2005). *Clinical Obstetrics.* (10th ed). Orient Longman Publishing Company.

Margret .A. Cooper (2004). *Myles Textbook For Midwives.* (13th ed). Philadelphia: Elsevier publishers.

Patricia .W. Ladewig, Mercia (2002). *Contemporary Maternal Newborn Nursing Care.* (5th ed). New Jersey: Publishing Agency.

Reader, Martin (1997). *Maternity Nursing.* (18th ed). Philadelphia: New York: Lippincott Publications.

Sundar Rao P.S.S., Richard .J (2002). *An Introduction to Biostatistics.* (3rd ed). New Delhi: New India Publications. .

Usha Krishna (2001). *Pregnancy at Risk Current Concepts.* (4th ed). New Delhi: Jaypee Brothers Medical Publishers P.(Ltd).

JOURNALS

Agarwal M. Geblot (2006). Continuous support during labour. *International Journal of Gynecology and Obstetrics India, 9(4),* 22.

Archie Hinch (2007). Presence of companion during labour. *American Journal of Maternal Child Nursing, 7.*

Asha Sharsa (2005). Effectiveness of companionship during labour. *Obstetrics and Gynecology Today, (10),* 291-292.

Austin ,J (2000). Effectiveness of companionship during labour. *Professional Nurse, 15(16),* 398-403

Bhatt R.V et al (2007). Management of labour. *International Journal of Gynecology and Obstetrics India, 10(1),* 31-37

Bimla Kanta (2008). Back Massage *Health Action*, 18-20

Byrne et al,. (2006). Continuous labour support. *Journal of Manipulative Therapy, 11(4),* 272-278.

Chaoppotong (2005). Continuous labour support. *Journal of Medical Association, 88(12),* 767-1774

Fontana et al., (2005). Effectiveness of companionship during labour. *American Journal of Maternal Child Nursing, 51(4),* 259-263.

Ghari O.P (2007). Continuous female companion during labour. *Indian Journal of Holistic Nursing, 4.*

Greenoug (1998). Effectiveness of companion support during labour. *American Journal of Maternal Child Nursing, 5.*

Jeyalakshmi (2007). Effectiveness of continuous support during labour. *Indian Journal of Nursing, 3(1),* 10-11.

Kavimani .S, Lalitha.J, Gayathri.V (2008). Effectiveness of continuous support during labour. *Nightingale Nursing Times, 13(1),* 21-23

Kolda, et al,.(2008). Continuous female companion during labour. *Journal on Clinical Rheumatology, 27(7),* 873-881.

Larkey L.K (2003). Effectiveness of continuous support during labour. *Prevention Journal of Community Health, 28(5),* 377-388.

Mall F.J (1999). Support from female companion during labour. *Nursing Journal of India, 80(5).*

Poitras ,S (2005). Companionship during labour. *American Journal of Maternal Child Nursing, 32(11),* 566-572.

Presisinger et al,. (1996). Continuous support during labour. *American Journal of Maternal Child Nursing.*

Pruett .K (1998). Presence of female companion during labour. *Herrald of Health, 389.*

Roli Grantan (2003). Presence of female companion during labour. *Obstetrics and Gynecology Today, 8(10),* 566-569

Sharma .S et al.,(2006). Back massage during labour. *International Journal of Gynecology and Obstetrics India, 9(4),* 29-30.

Solne Emily (2006). Continuous labour support. *American Journal of Maternal Child Nursing, 2.*

Thomas et al., (2007). Nursing interventions and labour pain. *Journal of European Spine, 32(26),* 801-808.

Vad et al,.(2007). Nursing interventions and labour pain. *Physical Medicine Rehabilitation, 88(5),* 577-582.

Whitman et al,. (2006). Continuous labour support. *American Journal of Maternal Child Nursing, 34(11),* 662-672.

WEBSITE

www.yourtotalhelath.com

www.health.org.pregnancy.com

www.healthispub.com

www.weekhealth.com

www.newbornbaby.com

www.pregnancy-info.net

APPENDIX – A

1. **Mrs.Rosaline Rachel, R.N., R.M., M.Sc.(N).,**
   Principal.
   Indra College of Nursing,
   Pandur-631 203,
   Thiruvallur.

2. **Dr.Susila, R.N., R.M., M.Sc.(N)., Ph.D.,**
   Principal,
   Billroth College of Nursing,
   Chennai.

3. **Dr. Mrs. Latha M.Sc (N),. Ph.D.,**
   HOD – Maternal Health Nursing Department
   SRM College of Nursing,
   Chennai

4. **Mrs. JayaBharathi R.N., R.N., M.Sc (N),**
   Reader – Maternal Health Nursing Department
   SRM College of Nursing,
   Chennai

5. **Mrs. Abirami R.N., R.N., M.Sc (N),**
   Reader – Maternal Health Nursing Department
   SRM College of Nursing,
   Chennai

6. **Dr.Dhanalakshmi, M.B.B.S., DGO,**
   Reg. No. 47691,
   Medical Officer,
   Corporation of Chennai.

LETTER SEEKING EXPERTS OPINION FOR CONTENT VALIDITY

From

Ms.Kavin Shiney

M.Sc.(N) II Year,

Vel R.S Medical College – College of Nursing,

Avadi, Chennai – 600 062.

To

Respected Madam/Sir,

Sub: Requisition for expert opinion on suggestion for content validity of the tools.

I am Ms.Kavin Shiney, a student of M.Sc.(Nursing)- II year at Vel R.S Medical College - College of Nursing, Avadi, Chennai – 62, affiliated to Dr.M.G.R.Medical University, Chennai.

As a partial fulfillment of the requirement in the M.Sc. Nursing Programme, I have to complete a dissertation the topic I have selected is **"A study to assess the effectiveness of continuous support on level of pain perception during child birth among primiparturient mothers in PPK Hospital,Marthandam, Kanyakumari District".**

Herewith I am sending the developed tools for content validity and for your expert opinion & valuable suggestions.

Thanking you,

Yours sincerely,

(KAVIN SHINEY)

Enclosures:

1. Statement and objectives of the study
2. Blue print of the tools
3. Content validity certificate

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tools developed by **Ms.Kavin Shiney,** M.Sc. Nursing student Vel R.S. Medical College – College of Nursing, Chennai on the topic, **"A study to assess the effectiveness of continuous support on level of pain perception during child birth among primiparturient mothers in PPK Hospital, Marthandam, Kanyakumari District"** is validated by the undersigned and she can proceed with this tool to conduct the main study.

Place : Chennai

Date : **Signature**

INTRODUCTION

GOOD MORNING,

I am Kavin Shiney. M, II year M.Sc. Nursing student of Vel R.S.Medical College, Collegeo of Nursing, Avadi, Chennai. I am conducting a study to assess the effectiveness of continuous support on level of pain perception during childbirth among primi parturient mothers in PPK Hospital, Marthandam, Kanyakumari District.

The intervention which are being performed on you will not harm and I request you to participate in this study. In between if you want to withdraw you have full rights to do that. I request you to indicate the level of pain that you are experiencing by pointing your fingers on the pain scale chart. All your responses will be kept confidential. I request you to kindly give your full co-operation and willingness.

Thanking You

Signature

Part-I: Section A

DEMOGRAPHIC PROFILE

1. Age ( )
    a. 18-22yrs
    b. 23-26 yrs
    c. 27-30 yrs
    d. above 30 yrs

2. Education ( )
    a. illiterate
    b. primary
    c. Middle school
    d. High school
    e. Higher education
    f. Graduate & above

3. Occupation ( )
    a. Sedentary
    b. Moderate
    c. Heavy

4. Religion ( )
    a. Hindu
    b. Christian
    c. Muslim
    d. Others

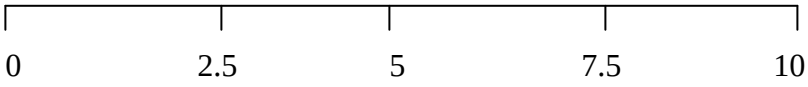
5. Area of residence ( )
    a. urban
    b. rural
    c. suburban

6. Type of family ( )
    a. joint family
    b. nuclear family

Section-B
OBSTETRICAL PROFILE

1. Date and time of admission :
2. Last menstrual period :
3. Expected date of delivery :
4. Obstetrical score : G P A L D
5. Gestational Age :

Part-II: Modified numerical categorical scale



Scoring

0 - No pain
1-2.5 - Mild pain
2.6-5 - Moderate pain
5.1-7.5- Severe pain
7.6-10 - Excruciating pain

முகவுரை

காலை வணக்கம்

ம.கவின் ஷைனி ஆகிய நான் சென்னை ஆவடியில் உள்ள வேல். ஆர். எஸ். செவிலியர் கல்லூரியில் இரண்டாம் ஆண்டு முதுகலைப் பட்டப்படிப்பு பயின்று வருகிறேன். நான் கன்னியாகுமரி மாவட்டம், மார்த்தாண்டம். பிபிகெ மருத்துவமனையில் பிரசவத்திற்காக அனுமதிக்கப்பட்ட தாய்மார்களின் பிரசவ வலியை ஒரு நபர் உடன் இருப்பதன் மூலம் குறையும் என்பதை பற்றி ஆய்வு செய்கிறேன். எனவே இந்த ஆய்வில் உங்களின் மனம் திறந்த உண்மையான பதில்களை பகிர்ந்து கொள்ளுமாறு கேட்டுக் கொள்கிறேன். நான் காண்பிக்கும் வலி அளவுக் கோலில் உங்களின் வலியின் தன்மைக்கு ஏற்றவாறு குறி வைத்து காட்டுமாறு கேட்டுக் கொள்கிறேன். உங்களுக்கு குறியிடுவதில் ஏற்படும் சந்தேகங்களைத் தீர்க்க நான் உதவியாக இருப்பேன். உங்களின் பதில்கள் ரகசியமாக பாதுகாக்கப்படும் என்று உறுதியளிக்கிறேன்

நன்றி

கையொப்பம்

பகுதி – ஐ: பிரிவு : (அ)
பொது விவரங்கள்

1. வயது

   (அ) 18 – 22 வயது வரை
   (ஆ) 23 – 26 வயது வரை ( )
   (இ) 27 – 30 வயது வரை
   (ஈ) 30 வயதிற்கு மேல்

2. கல்வித் தகுதி

   (அ) கல்வி கற்காதவர்கள்
   (ஆ) ஆரம்பக் கல்வி
   (இ) நடுநிலைக் கல்வி
   (ஈ) உயர் நிலைக் கல்வி ( )
   (உ) மேல் நிலைக் கல்வி
   (ஊ) பட்டதாரி, முதுகலை பட்டதாரி

3. வேலையின் இயல்பு

   (அ) லேசான வேலை
   (ஆ) மிதமான வேலை ( )
   (இ) கடினமான வேலை

4. மதம்

   (அ) இந்து
   (ஆ) கிறிஸ்தவம்
   (இ) இஸ்லாமியம் ( )
   (ஈ) மற்றவை

5. குடியிருக்கும் பகுதி

   (அ) நகர்புறம்
   (ஆ) கிராமம் ( )
   (இ) புறநகர்

6. குடும்ப வகை

(அ) கூட்டுக் குடும்பம்
(ஆ) தனி குடும்பம் ( )

பிரிவு – (ஆ)

மகப்பேறு விவரங்கள்

1. மருத்துவ மனையில் சேர்ந்த தேதி மற்றும் நேரம் :
2. கடைசி மாதவிடாய் தேதி :
3. எதிர்பார்க்கும் பிரசவ தேதி : G P A L D
4. கற்பகால மதிப்பீடு :
5. கரு வளர்ச்சியின் வார எண்ணிக்கை :

பகுதி – II எண் மற்றும் வகை அளவீடு

I I I I I
0 2.5 5 7.5 10

0.	:	வலி இல்லை
0.1 – 2.5	:	லேசான வலி
2..6 – 5.0	:	மிதமான வலி
5.1 – 7.5	:	அதிகமான வலி
7.6 – 10	:	தாங்க முடியாத கடுமையான வலி

VEL R.S. Medical College

(College of Nursing)

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Indian Nursing Council, New Delhi, Tamil Nadu Nurses & Midwives Council &
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Website : WWW.vel-tech.org
Phone : 26841093 Fax : 26841601

04/05/2010

To

The Administrator,
P.P.K. Hospital,
Marthandam.

Sub: Seeking permission for conducting main study.

Respected Sir/Madam,

This is to introduce **Ms.Kavin Shiney.M (Maternal Health Nursing) Master Degree Nursing student** of this college. She has selected the following topic for her research study to be submitted to the Tamil Nadu Dr. MGR medical university as partial fulfillment of the master degree in nursing program.

The topic for the study is, **"A Study to Assess the Effectiveness of Continuous Support on Level of Pain Perception during Child Birth among Primi-Parturient Mothers in a Selected Hospital in Kanyakumari district"**

She is interested in conducting the study at your esteemed institution.

I assure you that our student will abide by the rules and regulations of the setting. I request your at most help in regard to the same.

Duration: 19.5.10 to 15.6.10

Thanking you,

P. P. K. HOSPITAL PIN-629 163. MARTHANDAM

12.5.10

A. MATHIVANAN MBA
ADMINISTRATIVE OFFICER
PPK HOSPITAL,
MARTHANDAM - 629 165

Mrs.M.Anuradha
PRINCIPAL
VEL R. S. MEDICAL COLLEGE
(COLLEGE OF NURSING)
42, AVADI-ALAMATHI ROAD
VELLANUR, CHENNAI-6

CERTIFICATE OF ENGLISH EDITING

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation work , "A study to assess the effectiveness of continuous support on level of pain perception during childbirth among primiparturient mothers in PPK Hospital, Marthandam, Kanyakumari District (2010)".done by Kavin Shiney.M. II year M.Sc.Nursing, in Vel. R.S.Medical College,College Of Nursing, Chennai is edited for English language appropriateness by

SIGNATURE

CERTIFICATE OF TAMIL EDITING

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation work , "A study to assess the effectiveness of continuous support on level of pain perception during childbirth among primiparturient mothers in PPK Hospital, Marthandam, Kanyakumari District (2010)".done by Kavin Shiney.M. II year M.Sc.Nursing, in Vel. R.S.Medical College,College Of Nursing, Chennai is edited for Tamil language appropriateness by

SIGNATURE